

Why do you want to volunteer with the Bay County Division on Aging?

Have you ever volunteered for a non profit agency before?

Yes

No

If yes, give names of the other agencies.

When would you be available to volunteer for the Bay County Division on Aging?

If you are interested in volunteering to do transporting of Seniors to appointments or run errands the following information is needed:

Do you have a valid driver's license?

Yes

No

Policy Number of your auto insurance.

Auto insurance carrier's name and address.

NOTIFICATION IN AN EMERGENCY

Please list the name, address, & telephone no. of the person you wish to have notified in case of an accident or an emergency.

I certify that the information contained in this volunteer application is correct and understand that falsification of this information is grounds for dismissal. I authorize the references listed above and former and/or current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damages, causes of actions, including, but not limited to, slander and libel, that may result from furnishing any information about you. In consideration of my volunteerism, I agree to conform to the rules & regulations of the Agency and agree that my volunteer status can be terminated, with or without cause, and with or without notice at any time, and my volunteering relationship is of an at will nature. I authorize the Agency to make a check of my records of driving violations and criminal history, if any. I understand that no representative of the Agency or Bay County has any authority to make any agreement contrary to the foregoings. I have read, understand, agree to the terms contained herein.

Date

Signature of Applicant

BAY COUNTY DIVISION ON AGING VOLUNTEER PROGRAM
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